

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

This authorization is made in accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and the Fair Credit Reporting Act. It is an express authorization for any person associated with any educational institution, credit reporting agency, past or present employer, Department of Motor Vehicles (DMV), Division of Driver's License, law enforcement agency (federal, state or local), private or public medical institution or office, or (if so elected by the Credit Union) any person who has personal knowledge of my character, work experience, criminal record, education, medical history or overall mode of living, to release this information to the SkyOne Federal Credit Union.

This authorization further releases all persons, including the SkyOne Federal Credit Union, from liability as a result of true and accurate information and that a copy of this authorization is as valid as the original. \_\_\_\_authorize the (Last) investigation of all statements contained in the attached application for employment by the SkyOne Federal Credit Union, or designee. I understand that misrepresentation(s) or omission(s) of facts called for on the attached application will result in cancellation of consideration for employment or dismissal from service with the SkyOne Federal Credit Union if I have been employed. I agree, authorize and request any present or former employer, school, police department, financial institution, credit agency or any other government agency or person, including references, to furnish any and all information in their possession regarding me (applicant) and that such are released from all liability for furnishing and or all such information. I agree that the SkyOne Federal Credit Union, or its designee, shall not be liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated due to falsity or incompleteness of statements and answers in the attached application form. If I am employed. I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes. In order to conduct these investigations, the following information is required. Please type or print legibly. 1. Other Names Known By: 2. Current Address:

(State)

(City)

(Zip) (How long?)

4. Social Security Number:			
5. State/Driver's License Number:			
If the Credit Union utilizes a consumer credit report, you have the right to receive a copy of the credit report. Please check the box if you wish to receive a copy of the credit report, at no expense to you:			
☐ YES			
If the copy of the credit report should be sent to a different address than the one set forth in item number 2 above, please provide that address:			
(Street)	(City)	(State)	(Zip)
The Credit reporting agency providing the credit report is:			
Experian, 505 City Parkway West, Orange, California 92868			
I hereby acknowledge that I have read the above notice and statement, understand them and agree to abide by the entire contents of this authorization.			
(Applicant's Signature)			(Date)
SkyOne Internal Use Only			
Date Experian report pulled:			
Date copy mailed to applicant:			
HR Signature:		Date:	